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INDICATION FORM**

Applicant Number	10/304,303
Filing Date	
First Named Inventor	Mohammed Siddiq JAWED
Title	METHOD FOR THE MANUFACTURE
Art Unit	
Examiner Name	
Attorney Pocket Number	WH155

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioner(s) associated with the Customer Number:

58476

OR

☒ Practitioner(s) named below:

Name	Registration Number
Mr. Douglas Robinson	61,278
Dr. O. M. (Sain) Zaghmout	51,206

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	Bio Intellectual Property Services (Bio IPS) LLC		
Address	8508 Kanton Ct		
City	London	State	VA
Country	USA		
Telephone	703-550-1988	Email	BioIPS@BIOIPS.com

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest: See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (e-enclosed: Form PTO/SB04)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	FEB 23 2006
Name	Mohammed Siddiq JAWED	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. If the inventor(s) or assignee(s) are not the inventor(s) or assignee(s) of record, a signature is required, see below.

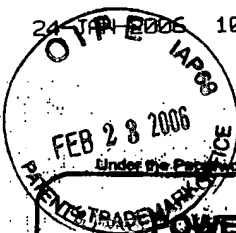
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Application Number	10/504,303
Filing Date	
First Named Inventor	Mohammad Siddiqi, Edward MUKHARIAN
Title	METHOD FOR THE MANUFACTURE
Art Unit	
Examiner Name	
Attorney Docket Number	WH-15

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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OR

☒ Practitioner(s) named below:

Name	Registration Number
Mr. Douglas Robinson	51,278
Dr. O. M. (Sam) Zaghmout	51,296

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with Customer Number:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Bib Intellectual Property Services (Bib IP) LLC		
Address	8509 Kernon Ct		
City	London	State	VA Zip 22078
Country	USA		
Telephone	703-550-1968	Email	BibIP@BibIP.com

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/8A)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>[Signature]</i>	Date	12-01-2006
Name	Bhargav Krishnai UPADHYE	Telephone	(800) 643-3745
Title and Company	Research Scientist, M/S Woodward		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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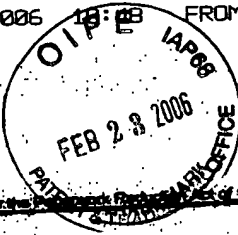
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24-JAN-2006

FROM LALIT KUMAR'S OFFICE

TO 0017035500409

P.06



**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number: 10/564,363

Filing Date: _____

First Named Inventor: MOHAMMED RAHMAN JAMAL MUKHAMMAD

Title: METHOD FOR THE MANUFACTURE —

Art Unit: _____

Examiner Name: _____

Attorney/Doctel Number: _____

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioner(s) associated with the Customer Number:

58478

OR

☒ Practitioner(s) named below:

Name	Registration Number
Mr. Douglas Robinson	51,273
Dr. G. M. (Sami) Zaghumou	51,266

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☒ The address associated with Customer Number:

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<input checked="" type="checkbox"/> Firm or Intellectual Name	Bio Intellectual Property Services (Bio-IPS) LLC		
Address	8509 Kerman Ct		
City	Lorton	State	VA
Country	USA		
Telephone	703-650-1008	Email	BioIPS@BioIPS.com

I am the:

☐ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>[Signature]</i>	Date	1/13/06
Name	Vidya Kumar, Delp H. GAO	Telephone	703-650-1008
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Signature of the representative(s) is required, in addition.

☒ Total of 3 forms are submitted.

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